01/28/2002 11:08 FAX 6033581348

NORTHERN NE CLAIMS

**2**002

# National Grange Mutual

55 West St. P.O. Box 2300 Keene, NH 03431 800-258-5340 (outside of NH) 800-5425396 (from NH)

Date: 1-18-02

James McVey City of Springfield 36 Court Street Springfield, MA 01103

RE:

Insured: Engineering Design Associates
Policy#: BBJ 63661
Date of Loss: 12-31-01 Water Main buck
Amount paid: Pending
Location of Loss: 969 Main Street

Springfield, Ma 01103

This will serve as a notice of our subrogation rights arising from payment of a claim made as a direct result of the occurrence above described. The amount of damages sustained by our insured, as shown above, includes both our loss payment and our insured's deductible.

Our investigation of this occurrence reveals that you were responsible for this damage. We are, therefore, looking to you for reimbursement.

If you are insured, we suggest that you turn this letter over to your insurance company. In the event that you are not insured, we suggest you contact our Recovery Department immediately at 1-603-352-4000 ext 1411.

Sincerely,

Sharon Roy (MH)

Sharon Roy-Home Office Subrogation

Please Junish any specific forms you may require for the submission of our Chain against the Municipality.

PHILADELPHIA ATLANTA CHARLOTTE CHERRY HILL CHICAGO DALLAS LAS VEGAS **LONDON** LOS ANGELES



**NEW YORK** NEWARK SAN DIEGO SAN FRANCISCO SEATTLE WASHINGTON, DC WEST CONSHOHOCKEN WILMINGTON

#### A PROFESSIONAL CORPORATION

1900 MARKET STREET PHILADELPHIA, PA 19103-3508 215.665.2000 800.523.2900 215.665.2013 FAX www.cozen.com

Sean P. O'Donnell Direct Phone 215.665.2089 Direct Fax 215.701.2089 SODONNELL@COZEN.COM

January 30, 2002

#### (VIA CERTIFIED/REGULAR MAIL

Honorable Michael J. Albano Mayor, City of Springfield City Hall 36 Court Street Springfield, MA 01103

Re:

Insured:

Engineering Design Associates

969 Main Street

Springfield, MA 01103

Policy No.:

BPJ63661

Date of Loss: 12/31/01 (Water Main Break)

Our File No.: 120638

## Dear Mayor Albano:

Please be advised that this firm was retained by National Grange Mutual Insurance Company to represent its subrogation interest arising out of the above-captioned water loss. As you know, on or about December 31, 2001, a City of Springfield water main burst causing extensive flooding in downtown Springfield. As a result of this flooding, National Grange's insured, Engineering Design Associates, sustained severe and extensive damage to its property and business. National Grange expects to pay its insured in excess of \$150,000.00 to repair and replace its damaged property, and for extra expense and lost business income.

This letter shall serve to provide formal notice of National Grange's subrogation claim against the City of Springfield and the City of Springfield Water and Sewer Commission for reimbursement of any amounts paid to Engineering Design Associates as a result of this flood.

Please contact me, or have the appropriate City representative contact me upon receipt of this letter so that we may discuss an amicable resolution to this claim. I will forward documentation in support of National Grange's claim as soon as I receive it from my client.

January 30, 2002 Page 2

Thanking you for your anticipated cooperation in this matter, I am

Very truly yours,

COZEN O'CONNOR

BY: SEAN P. O'DONNELL

### SPO'D/slw

P.S. Enclosed please find a copy of a letter dated January 18, 2002 from National Grange to James McVeigh providing the City of Springfield with initial notice of this claim.

cc: Peter Fenton
City Solicitor
City of Springfield
36 Court Street
Springfield, MA 01103
(Certified/Regular Mail)

James McVeigh
Claim Investigator
City Solicitor's Office
City of Springfield
36 Court Street
Springfield, MA 01103
(Certified/Regular Mail)

Springfield Water and Sewer Commission P.O. Box 995
Springfield, MA 01195
Attention: Claims Department

Complete items 1, 2, and 3. Also complete	ė	A. Received by (Plea	se Wint Clea	nty) B. Date of De
item 4 if Restricted Delivery is desired.  Print your name and address on the reven	<sub>se</sub>		10 3 i	1 2/14/07
so that we can return the card to you.	- 11	C. Signature	\ ĉi	
Attach this card to the back of the mailpie	ece,	x () 17		☐ Agent
or on the front if space permits.		D. Is delivery address	different from	☐ Addre
Article Addressed to:		If YES, enter delivery		
Sota forton	i ii			
Ct Selector				
and the same of the	il.			
City of Applingfield				
21 March Street		3. Service Type		
Se com		☐ Certified Mail	☐ Express	
Springfield 114		☐ Registered ☐ Insured Mail	☐ Return I	Receipt for Merchar
0110.	~ l	Restricted Delivery		
2. Article Number (Constitution of the Constitution of the Constit	ر ر	nestricted Deliver)	/	/ ☐ Yes
2. Article Number (Copy from service label)	1670	0004 8	0572	7480
20 2 0044	mestic Retu		$\alpha$ ) $\alpha$	102595-00-M-0
, ,				102383-00-191-0
		RIGHAN FIO ROT	IVNI IXOHS	To vinciano de la companya de la co
NDEP: COMPLETE THE SECTION				i wa ci
ENDER: COMPLETE THIS SECTION		OMPLETE THIS SECTI	ION ON DEL	IVERY
Complete items 1, 2, and 3. Also complete			ION ON DEL	IVERY  B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A.	MPLETE THIS SECTION OF THE PROPERTY OF THE PRO	ION ON DEL	
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	A. C.	OMPLETE THIS SECTI	ION ON DEL	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece.	A. C.	MPLETE THIS SECTION OF THE PROPERTY OF THE PRO	ION ON DEL	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. C. X	MPLETE THIS SECTION Received by (Please F Signature	ION ON DEL	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. C. X D.	Received by (Please F Signature	Print Clearly)	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. C. X D.	MPLETE THIS SECTION Received by (Please F Signature	Print Clearly)	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. C. X D.	Received by (Please F Signature	Print Clearly)	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	А. С. X D.	Received by (Please F Signature	Print Clearly)	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	А. С. X D.	Received by (Please F Signature	Print Clearly)	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Amels AcClugh  Lambard Lagstagato  Lybrandial	A. C. X D.	Received by (Please F Signature	Print Clearly)	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.  Article Addressed to:  Amus McVugh  Lain Laystigato  ty foliuto s fffu	A. C. X D.	Received by (Please F Signature Is delivery address diffe If YES, enter delivery a	Print Clearly)	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Amels AcClugh  Lambard Lagstagato  Lybrandial	A. C. X D. 3.	Received by (Please F Signature Is delivery address diffe If YES, enter delivery a Service Type Certified Mail	Print Clearly) erent from iteraddress below	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Ames Accordance Supply Su	A. C. X D. 3.	Received by (Please F Signature  Is delivery address diffet YES, enter delivery a Service Type  Certified Mail	Print Clearly) erent from iteraddress below Express Ma Return Reco	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.  Article Addressed to:  Amus McVugh  Lain Laystigato  ty foliuto s fffu	A. C. X D. 3.	Received by (Please F Signature Is delivery address diffe If YES, enter delivery a Service Type Certified Mail	Print Clearly) erent from iteraddress below Express Ma Return Reco	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Ames Accordance Supply Su	A. C. X D. 3.	Received by (Please F Signature  Is delivery address diffet YES, enter delivery a Service Type  Certified Mail	Print Clearly) erent from iteraddress below Express Ma Return Reco	B. Date of Deliver
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Amels AcCluy  Lain Laystigato  ty foliator, a fifter typical and the printing of the printing o	A. C. X D. 3.	Received by (Please F Signature  Is delivery address diffet YES, enter delivery a Service Type  Certified Mail	Print Clearly) erent from iteraddress below Express Ma Return Reco	B. Date of Deliver    Agent
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  Ames Ac Vuy  Lain Lustingato  ty foliator, soften for the printing of the print	A. C. X D. 3.	Received by (Please F Signature  Signature  Service Type Certified Mail Registered Insured Mail Restricted Delivery? (E	erent from iteraddress below  Express Ma  Return Reco	B. Date of Deliver    Agent

	TO HIT INCEST OF BYCKING VIMINES CO. blych zhekefsyllob of Laaflosf				
SENDER: COMPLETE THIS SECTION	1000 F 100 F	E113			
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  May Muchael Albano  City of Apringfield  3 (Court Attect  Apringfield, MA 0/1/03)	A. Received by (Please Print Clearly)  C. Signature  X  D.  S delivery address different from item If YES, enter delivery address below.				
	3. Service Type  Certified Mail Registered Return Recei Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)	pt for Merchandise			
2. Article Number (Odp)cfrom service label)  ON NY FOR 7200 /670 000 4 8232 7/105					
PS Form \$811, J\$9 1999 Domestic Ret		102595-00-M-0952			